Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |   |                              |                  |     | SMALL ENTITY TYPE   |                        |    | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|--------------|---|------------------------------|------------------|-----|---------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 6            |   |                              |                  |     | RATE                | FEE                    |    | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED |   | NUMBER EXTRA                 |                  |     | BASIC FEE           | 385.00                 | OR | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=    |   | *                            |                  |     | X\$ 9=              |                        | OR | X\$18=                     |                        |
| IND   | EPENDENT CL                                    | AIMS  | ∼ mi         | nus 3 =                                 | *                            |                  |     | X43=                |                        | OR | X86=                       |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                                    | RESENT       |   |                              |                  |     | +145=               |                        | OR | +290≈                      |                        |
| * If the difference in column 1 is less than ze   |  |   |              |   | "0" in c                     | olumn 2          | L   | TOTAL               |                        | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II   |  |   |              |   |                              |                  |     | •                   |                        |    | OTHER                      |                        |
|   |  | (Column 1)                                      |              | (Colur                                  |                              | (Column 3)       | ٦ , | SMALL               | NTITY                  | OR | SMALL                      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |              | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>DUSLY                 | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                                      |                              | =                |     | X\$ 9=              |                        | OR | X\$18=                     |                        |
|   | Independent                                    | *   | Minus        | ***                                     | F. CL A134                   | ]=               | } [ | X43=                |                        | OR | X86=                       |                        |
| L   | FIRST PRESE                                    | NTATION OF MU                                   | JUIPLE DEF   | PENDEN                                  | CLAIM                        |                  | , [ | +145=               |                        | OR | +290=                      |                        |
|   |  |   |              |   |                              | **               | L   | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   |  |   | ADDII. FEE I |   | •                            | ADDITITEE        |     |                     |                        |    |                            |                        |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |              | (Colur<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE | .3 | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                                      |                              | =                |     | X\$ 9=              |                        | OR | X\$18=                     |                        |
|   | Independent                                    | *   | Minus        | ***                                     |                              | =                |     | X43=                |                        | OR | X86=                       |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |   |                              |                  |     | +145=               |                        | OR | +290=                      |                        |
|   |  |   |              |   |                              |                  | L   | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |   |                              |                  |     |                     |                        |    |                            |                        |
| AMENDMENT C   | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |              | NUM<br>PREVI                            | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                                      |                              | =                |     | X\$ 9=              |                        | OR | X\$18=                     |                        |
|   | Independent                                    | *   | Minus        | ***                                     | <del></del>                  | =                | ┧┇  | X43=                |                        | OR | X86=                       |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |   |                              |                  |     | +145=               |                        | OR | +290=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **TOTAL  |  |   |              |   |                              |                  |     |                     |                        | OR | TOTAL                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |   |                              |                  |     |                     |                        |    |                            |                        |